

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

10/529332

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/	/		
2	/		/	/		
3	/			/		
4	/			/		
5	/			/		
6	/			/		
7	/			/		
8	7			/		
9	(1)			/		
10	(2)			/		
11	(3)			/		
12	(4)			/		
13	(1)			/		
14	(1)			/		
15	(1)			/		
16	/		/			
17	/		/			
18	/		/			
19	/		/			
20	/		/			
21	5		/			
22	/		/			
23	/		/			
24	/		/			
25	3		/			
26	(1)		/			
27	(2)		/			
28	(1)		/			
29	(1)		/			
30	(2)		/			
31	(1)		/			
32	(1)		/			
33	/		/			
34	/		/			
35	/		/			
36	/		/			
37	/		/			
38	/		/			
39	6		/			
40	6		/			
41	6		/			
42	/		/			
43	/		/			
44	/		/			
45	/		/			
46	3		/			
47	1		/			
48	(1)		/			
49	(1)		/			
50	(1)		/			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	(1)				/	
52	(1)				/	
53	(1)				/	
54	(1)				/	
55	(1)				/	
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						